



## GIVE BACK CAMPAIGN – NON-PROFIT APPLICATION

Holistic Care is committed to making a difference by supporting non-profit organizations that are doing great things in our communities. If you are interested in applying to becoming a partner charity, please complete the following:

Name of Organization: \_\_\_\_\_

501 (c)(3) Tax ID: \_\_\_\_\_ Date of Inception: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Communities (Area) Served: \_\_\_\_\_ Focus Population: \_\_\_\_\_

Number of Focus Population is Served Annually: \_\_\_\_\_

Percentage of Donations/ Grants That Goes Directly to Focus Population: \_\_\_\_\_

Percentage of Management that is Volunteers: \_\_\_\_\_ Percentage of Staff That is Volunteers: \_\_\_\_\_

What is the mission or vision of Organization (Please write information/message that can be used for advertising):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree the above to be true to the best of my knowledge.

I agree to allow Holistic Care to use this information for advertising.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please email completed application along with a pdf or jpeg of your logo to Jennifer Kling:  
jenniferk@holisticcarehospice.org**